ADDISON'S DISEASE

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DEFINITION

- Addison’s disease is hypo function of the adrenal cortex.
- Endocrine disorder also known as Adrenocortical Insufficiency.

There is a decrease in adrenal steroids which are: glucocorticoids, mineral corticoids, and androgen.

- The adrenal cortex function is inadequate to meet the patients need for cortical steroids.
- Addisons disease occurs when 90% of the adrenal cortex has been destroyed

CAUSES

- Autoimmune or idiopathic atrophy of the adrenal glands is responsible for 80% to 90% of cases.
- Surgical removal of both adrenal glands
- Infection of the adrenal glands
- Tuberculosis and histoplasmosis are the most common infections that destroy adrenal gland tissue.
- Inadequate secretion of ACTH from the pituitary gland. (Decreased stimulation of the adrenal cortex)
- Therapeutic use of corticosteroids.

SIGNS AND SYMPTOMS

- Early signs:
  - Tiredness
  - Weakness
  - Loss of appetite
  - Weight loss
  - Dizziness when standing
  - Muscle aches
  - Nausea, vomiting
  - Diarrhea
  - Patches of darkened skin or unexplained tanning
  - Depression

- Late signs:
  - Sharp pain in the lower back, abdomen, or legs
  - Loss of too much fluid from body. (Dehydration)
  - Hypotension
  - Loss of consciousness
HOW IS IT DIAGNOSED?
- Early stages difficult to diagnose.
- Check Cortisol levels
  - ACTH Stimulation Test
  - CRH Stimulation Test
- Other tests
  - X-RAY

TREATMENT
- Hormone replacement therapy
  - Depending on which hormone is low (if not all three)
    - Glucocorticoid twice a day
    - Mineralcorticoid once a day
    - Aldosterone therapy involves increased sodium intake.

ADDISONIAN CRISIS
- Symptoms include sudden penetrating pain in:
  - lower back
  - abdomen or legs
  - severe vomiting
  - diarrhea
  - followed by dehydration
  - low blood pressure
  - loss of consciousness

SECONDARY ADRENAL INSUFFICIENCY
- Much more common than primary adrenal insufficiency.
- Traced by the lack of ACTH
- Abruptly stopping glucocorticoid therapy initiates Secondary Adrenal Insufficiency.
- Surgical removal of benign or non cancerous tumors on the pituitary gland.

NURSING ASSESSMENT
- Complete health history
- Baseline weight
- Muscle weakness/ fatigue
- History of illness
- Stress response
- Assess glucose levels
- Baseline vitals
- Skin pigmentation
- Skin turgor
- Assess mood
- Assess knowledge of disease
NURSING DIAGNOSIS

- Fluid Volume Deficit related to hypovolemia or nausea and vomiting.
- Risk for injury related to weakness
- Self-Care deficit related to weakness, fatigue, muscle aches.
- Disturbed body image related to change in pigment
- Activity intolerance related to weakness, fatigue, and/or muscle aches.
- Risk for suicide related to depression
- Disturbed thought process related to depression and irritability.

PLANNING

- Manage/monitor Addisonian crisis
- Restore fluid balance
- Increase activity tolerance
- Provide home and community based care.
- Prevent stressors that trigger Addisonian crisis.

IMPLEMENTATION

- Monitor I and O
- Monitor weight
- Labs- Fluid/electrolyte balance q daily.
- Administer meds as ordered.
- Monitor mood changes
- Glucose test q 6 hrs.
- Increase salt intake

EVALUATION

- Maintain weight
- Stable vitals
- Glucose controlled
- Behavior
- Appearance
- Neurological changes
- Labs (Evaluate)

PATIENT EDUCATION

- Adherence to prescribed cortisol dosage and schedule
- Increased cortisol dose in times of stress
- Never abruptly stop cortisol replacement therapy
- Always where a medical bracelet
- Carry an Emergency cortisol Kit
- Avoid periods of fasting
- Follow up
- Fever or nausea and vomiting notify MD.

QUIZ!!!

What tests would you perform if a patient comes in complaining of nausea, vomiting, fatigue, muscle aches, and recent skin blotching? (Select all that apply)

- CRH Stimulation Test
- X-Ray
- ACTH Stimulation Test
- Cortisol Level
- D-Dimer
- All of the above
Which of the following statements by the patient would indicate a further need for teaching? (Select all that apply)

A. “I can stop my treatment in one week.”
B. “I will be on steroids for the rest of my life.”
C. “I have to wear my medical bracelet, even if it clashes with my outfit.”
D. “I can cure Addison’s disease by living a healthy lifestyle.”

Your patient is afraid to gain weight when told that she will be on hormone therapy due to her recent diagnosis of Addison’s disease. She states she is going to eat small meals even if she is hungry. What is the proper nursing intervention?

A. Tell her you know a great diet.
B. Inform her that periods of fasting can cause her to go into a crisis.
C. Inform her that if she cuts the salt out of her diet she can lose weight.
D. Refer her to a dietician.

A patient with Addison’s disease informs you that his dog just died, he is late on the rent, and his wife is talking about divorcing him. What is the proper nursing statement?

A. “I know a great divorce lawyer.”
B. “Wow, it must be quiet tense in your house right now.”
C. “You will have to increase your cortisol dose.”
D. “You may have to decrease your hormone therapy.”